

FILED FEB 27 1950

STANDARD CERTIFICATE OF DEATH

State File No. 44-3886

BIRTH NO.		REG. DIST. NO. 108		PRIMARY REG. DIST. NO. 3423		Registrar's No. 5-	
1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Arbyrd,		c. LENGTH OF STAY (In this place) 48 Yr.		c. CITY (If outside corporate limits, write RURAL and give township) Arbyrd, Missouri		350	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION None				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) David		b. (Middle) Willie		c. (Last) Kincannon		4. DATE OF DEATH (Month) (Day) (Year) Feb. 13, 1950	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 11-5-1871	
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Tennessee	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Martha Kincannon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Paul Kincannon		ADDRESS Arbyrd, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Prostate ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 177X			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		19c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR? None	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from 2, 1950, to 2-13, 1950, that I last saw the deceased alive on 2-12, 1950, and that death occurred at m., from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) W. D. English M.D.	
23b. ADDRESS Cardwell, Missouri		23c. DATE SIGNED 2-15-50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-14-50	
24c. NAME OF CEMETERY OR CREMATORY Lulu Cemetery		24d. LOCATION (City, town, or county) Senath, Mo.		24e. RURAL <input checked="" type="checkbox"/>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McDaniel Funeral Service, Inc. Senath, Missouri	
DATE REC'D BY LOCAL REG. 2-20-1950		REGISTRAR'S SIGNATURE Mrs. J. H. Lamer 91		(Licensed Embalmer's Statement on Reverse Side)			

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 2-23-50
COUNTY FILE NUMBER 250-67

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____ Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed _____


A. J. Crawford

Licensed Embalmer No. 4466

P. O. Address Senath, Missouri

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.